

Terri Clark
 ADDRESS (Street & No., City, Zip Code)

775-745-2875

POB 844
 Eureka, NV 89316

Animal Registered Name

Tonopah Low Von Boylin

Breed/Variety Coat color/type Permanent ID#

Rott **Black/mahog** **Chill**



CANINE EYE REGISTRATION FOUNDATION

Animal Eye Center, PC
 Steven M. Roberts, DVM, DACVO
 215 W. 67th Court
 Loveland, CO 80538
 (970) 461-0909

For litters, add number.

"I hereby declare that the animal submitted for exam is the animal described above. Furthermore, I declare I am the owner or agent of the owner of this animal."

REGISTRATION NO.
 WS 3539 0009

Signature
Terri Clark

PRESS FIRMLY, FILL COMPLETELY.

SEX
 Male Female

BIRTH DATE

<input type="checkbox"/> Jan	DAY	YEAR
<input type="checkbox"/> Feb	03	10
<input type="checkbox"/> Mar	00	00
<input type="checkbox"/> Apr	01	01
<input type="checkbox"/> May	02	02
<input type="checkbox"/> Jun	03	03
<input type="checkbox"/> Jul	04	04
<input type="checkbox"/> Aug	05	05
<input type="checkbox"/> Sep	06	06
<input type="checkbox"/> Oct	07	07
<input type="checkbox"/> Nov	08	08
<input type="checkbox"/> Dec	09	09

EXAM DATE

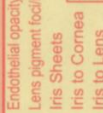
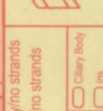
<input type="checkbox"/> Jan	DAY	YEAR
<input type="checkbox"/> Feb	01	12
<input type="checkbox"/> Mar	00	00
<input type="checkbox"/> Apr	01	01
<input type="checkbox"/> May	02	02
<input type="checkbox"/> Jun	03	03
<input type="checkbox"/> Jul	04	04
<input type="checkbox"/> Aug	05	05
<input type="checkbox"/> Sep	06	06
<input type="checkbox"/> Oct	07	07
<input type="checkbox"/> Nov	08	08
<input type="checkbox"/> Dec	09	09

FOR CERF USE ONLY

BREED	COLOR
A A A A	1 1 1 1
B B B B	2 2 2 2
C C C C	3 3 3 3
D D D D	4 4 4 4
E E E E	5 5 5 5
F F F F	6 6 6 6
G G G G	7 7 7 7
H H H H	8 8 8 8
I I I I	9 9 9 9
J J J J	X X X X
K K K K	L L L L
M M M M	N N N N
O O O O	P P P P
Q Q Q Q	R R R R
S S S S	T T T T
U U U U	V V V V
W W W W	X X X X
Y Y Y Y	Z Z Z Z

719913
 DO NOT MARK IN THIS AREA

CORNEA



RIGHT EYE GLOBE LEFT EYE

- microphthalmos
- dry eye
- glaucoma
- EYELIDS**
- entropion
- ectropion
- distichiasis
- ectopic cilia
- THIRD EYELID**
- cartilage anomaly/eversion
- gland prolapse
- plasmoma/atypical pannus

CORNEA

- dystrophy -- epithelial/stromal
- dystrophy -- endothelial
- pannus
- exposure/pigmentary keratitis
- UVEA**
- cyst
- iris coloboma
- iris hypoplasia/sphincter dysplasia
- pigmentary uveitis
- uveal melanoma
- persistent pupillary membranes

LENS

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Diff. | Inter. | Punc. | Inter. | Punc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| anterior cortex | | | | |
| posterior cortex | | | | |
| equatorial cortex | | | | |
| anterior sutures | | | | |
| posterior sutures | | | | |
| nucleus | | | | |
| capsular | | | | |
| generalized | | | | |

significance of above cataract unknown (describe in comments)

VITREOUS

- PHPV/PTVL
- degeneration

RIGHT EYE FUNDUS LEFT EYE

- retinal atrophy -- generalized
- retinal dysplasia
- retinopathy
- choroidal hypoplasia
- staphyloma/coloboma
- retinal detachment
- optic nerve coloboma
- optic nerve hypoplasia
- micropapilla

OTHER UNLISTED CONDITIONS suspected as inherited. Describe in comments.

OTHER conditions suspected as not inherited
NORMAL

DUPLICATE FORM

This dog's microchip or tattoo has been verified/scanned and matches the (permanent ID) number provided on the form.

I certify that I have performed this ophthalmic examination using pharmacologic mydriasis, ophthalmoscopy, and biomicroscopy.

Signature: *[Signature]* Date: 9/2/12

Diplomate, American College of Veterinary Ophthalmologists

COMMENTS
Normal Exam

ACVO #
 054